NORTH CENTRAL HEALTH CARE FACILITY

1100 LAKE VIEW DRIVE

WAUSAU 54403 Ownership: Phone: (715) 848-4600 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? No Operate in Conjunction with Hospital? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 337 Yes Number of Residents on 12/31/02: Average Daily Census: 309

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)							
No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	30.7			
No					1 - 4 Years	38.8			
No	Developmental Disabilities	5.2	Under 65	14.2	More Than 4 Years	30.4			
No	Mental Illness (Org./Psy)	21.0	65 - 74	12.3					
No	Mental Illness (Other)	8.1	75 - 84	34.0		100.0			
No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.9	* * * * * * * * * * * * * * * * * * *	*****			
y Health Care No		0.0	0.0   95 & Over 2		6   Full-Time Equivalent				
No	Cancer	1.9			Nursing Staff per 100 Re	esidents			
No	Fractures	1.6		100.0	(12/31/02)				
No	Cardiovascular	11.0	65 & Over	85.8					
No	Cerebrovascular	5.5			RNs	15.2			
No	Diabetes	6.8	Sex	왕	LPNs	2.5			
No	Respiratory	3.2			Nursing Assistants,				
	Other Medical Conditions	35.6	Male	36.6	Aides, & Orderlies	50.2			
No			Female	63.4					
		100.0			I				
Yes				100.0					
	NO N	No   Primary Diagnosis No   No   Developmental Disabilities No   Mental Illness (Org./Psy) No   Mental Illness (Other) No   Alcohol & Other Drug Abuse No   Para-, Quadra-, Hemiplegic No   Cancer No   Fractures No   Cardiovascular No   Cerebrovascular No   Diabetes No   Respiratory   Other Medical Conditions	No   Primary Diagnosis % No   No   Developmental Disabilities 5.2 No   Mental Illness (Org./Psy) 21.0 No   Mental Illness (Other) 8.1 No   Alcohol & Other Drug Abuse 0.0 No   Para-, Quadra-, Hemiplegic 0.0 No   Cancer 1.9 No   Fractures 1.6 No   Cardiovascular 11.0 No   Cerebrovascular 5.5 No   Diabetes 6.8 No   Respiratory 3.2   Other Medical Conditions 35.6 No     100.0	No   Primary Diagnosis	No   Primary Diagnosis	No   Primary Diagnosis			

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	o <sub>l</sub> o	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	1	3.8	294	2	0.8	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.0
Skilled Care	25	96.2	294	223	92.9	118	0	0.0	0	42	97.7	156	0	0.0	0	0	0.0	0	290	93.9
Intermediate				6	2.5	97	0	0.0	0	1	2.3	141	0	0.0	0	0	0.0	0	7	2.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				9	3.8	173	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	2.9
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	26	100.0		240	100.0		0	0.0		43	100.0		0	0.0		0	0.0		309	100.0

NORTH CENTRAL HEALTH CARE FACILITY

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Admissions, Discharges, and	Percen	t Distribution	of Residents'	Conditi	ons, Services,	and Activities as of 12	/31/02
Deaths During Reporting Period							
				ę	Needing		Total
Percent Admissions from:	Activ	ities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	7.7   Daily L	iving (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.4   Bathi	ng	2.6		44.3	53.1	309
Other Nursing Homes	2.6   Dress	ing	13.9		56.6	29.4	309
Acute Care Hospitals	77.4   Trans	ferring	28.8		47.6	23.6	309
Psych. HospMR/DD Facilities	7.3   Toile		17.8			40.1	309
Rehabilitation Hospitals	0.0   Eatin	3	53.7		30.7	15.5	309
Other Locations	4.7   * * * * * * * *	*****	*****	******	*****	*******	*****
Total Number of Admissions	234   Contine	nce		%	Special Treatme	ents	90
Percent Discharges To:	Indwel	ling Or Externa	al Catheter	4.5	Receiving Re	spiratory Care	2.3
Private Home/No Home Health	·	eq. Incontinent		62.5	_	acheostomy Care	0.6
Private Home/With Home Health	0.0   Occ/Fr	eq. Incontinent	t of Bowel	42.4	Receiving Su	ctioning	0.3
Other Nursing Homes	0.4				_	tomy Care	2.9
Acute Care Hospitals	9.3   Mobilit	Y			Receiving Tul	oe Feeding	2.6
Psych. HospMR/DD Facilities	1.8   Physic	ally Restrained	d	2.6	Receiving Me	chanically Altered Diet	s 45.3
Rehabilitation Hospitals	0.0						
Other Locations	4.8   Skin Ca	re			Other Resident	Characteristics	
Deaths	48.0   With P	ressure Sores		2.9	Have Advance	Directives	86.4
Total Number of Discharges	With R	ashes		14.6	Medications		
(Including Deaths)	227				Receiving Ps	ychoactive Drugs	56.0

	This	Other	Hospital-	i	All
	Facility	Based H	Facilities	Fac	ilties
	용	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.2	87.4	1.04	85.1	1.07
Current Residents from In-County	97.4	84.3	1.16	76.6	1.27
Admissions from In-County, Still Residing	39.7	15.2	2.62	20.3	1.96
Admissions/Average Daily Census	75.7	213.3	0.35	133.4	0.57
Discharges/Average Daily Census	73.5	214.2	0.34	135.3	0.54
Discharges To Private Residence/Average Daily Census	26.2	112.9	0.23	56.6	0.46
Residents Receiving Skilled Care	94.8	91.1	1.04	86.3	1.10
Residents Aged 65 and Older	85.8	91.8	0.93	87.7	0.98
Title 19 (Medicaid) Funded Residents	77.7	65.1	1.19	67.5	1.15
Private Pay Funded Residents	13.9	22.6	0.62	21.0	0.66
Developmentally Disabled Residents	5.2	1.5	3.56	7.1	0.73
Mentally Ill Residents	29.1	31.3	0.93	33.3	0.87
General Medical Service Residents	35.6	21.8	1.64	20.5	1.74
<pre>Impaired ADL (Mean) *</pre>	54.6	48.9	1.12	49.3	1.11
Psychological Problems	56.0	51.6	1.08	54.0	1.04
Nursing Care Required (Mean) *	8.9	7.4	1.21	7.2	1.24